

ENTRY BLANK—PLEASE TYPE OR PRINT

12M

☐ Ms./Artist☒ Mr./Artist SOL HALPERN

(last name last)

Permanent

Address 5366 CHICKADEE LYNDHURST

Street

City

44124

Zip

Daytime Tel. (216) 248-9500

area

Temporary or

Studio Address _____

Street

City

Daytime Tel. ()

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county where you born? _____

Collaborator (if any) _____

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.☐ Museum should ship to artist at artist's expense:_____
Street_____
City_____
State_____
Zip**Special Instructions**

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature Sol Halpern

I have received the unsold/unaccepted object(s) in good condition.

Signature Sol Halpern

ENTRY BLANKS

A

- ☐ Paintings
☐ Sculpture

- ☐ Graphics
☐ Crafts

- ☒ Photography
(specify category)

Materials used (media):

BLACK & WHITE - SILVER PRINT

Title

PREFERRED PARKING

Price or NFS

125.00

Insurance Value
if NFS Only

Size 10 1/4" x 13 1/2" ON
16" x 20" MOUNT
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

5

Total No. in Edition

8

Price
Unframed

110.00

Price of
Frame

15.00

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED
NOT ACCEPTED		NOT ACCEPTED
<u>X</u>		

B

- ☐ Paintings
☐ Sculpture

- ☐ Graphics
☐ Crafts

- ☒ Photography
(specify category)

Materials used (media):

BLACK & WHITE - SILVER PRINT

Title

OUTSIDE IN

Price or NFS

125.00

Insurance Value
if NFS Only

Size 7 1/4" x 7 1/4" ON
18" x 14" MOUNT
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

5

Total No. in Edition

8

Price
Unframed

110.00

Price of
Frame

15.00

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED
<u>X</u>		<u>X</u>	<u>ACB</u>
NOT ACCEPTED		NOT ACCEPTED	DATE
			<u>3-21</u>

Detach entire portion along dotted line and submit with slides, but retain tags

1987 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

SOL HALPERN

Name

5366 CHICKADEE

Address

LYNDHURST OHIO

City & State

44124

Zip

NOTIFICATION #2

**Do Not
Detach**

A

☐ Paintings

☐ Graphics


☒ Photography

☐ Sculpture

☐ Crafts

Title

PREFERRED MARKING

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
		

B

☐ Paintings

☐ Graphics


☒ Photography

☐ Sculpture

☐ Crafts

Title

OUTSIDE IN

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
<i>81(3)</i>		

Return of Objects

Not Accepted: April 14-18

Accepted: June 9-13

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.